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*OFFICE OF MEDICAID SERVICES*  
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**Corrective Action Plan (CAP) Stakeholder Advisory Group**

**June 21, 2017 Meeting Minutes**

**STAKEHOLDER ADVISORY GROUP MEMBERS IN ATTENDANCE:**

- Sarah Aiken – Quality Council
- Lisa DiMartino – Consumer representative appointed by MCAC
- Jon Eriquezzo – Private Provider Network
- Erin Hall – Brain Injury Association
- Jayne McCabe – Tri County CAP
- Mark Mills – Community Support Network
- Stephanie Patrick – Disability Rights Center
- Jennifer Pineo – Statewide Family Support Council
- Mindy Pond – Area Agency Service Coordinator
- Isadora Rodriguez-Legendre – Developmental Disability Council
- Richard Royse – Community Support Network
- Lenore Scuito – Area Agency Service Coordinator
- Mary St. Jacques – Institute on Disability

**MEETING FACILITATOR:**

- Kaarla Weston – Administrator III, Bureau of Developmental Services

Members of the public also attended (sign in sheet attached).

## **I. INTRODUCTIONS**

## **II. CAP OVERVIEW – CHRIS SANTANIELLO**

- There are two (2) primary areas of the CAP.
  - Organized Health Care Delivery System - Direct Pay Rule
    - This part of the CAP is more of a process piece and we will begin to address this starting in the fall.
  - Case Management Services – Conflict of Interest (COI)
  - Our work will initially start here.

## **III. ROLE OF STAKEHOLDER ADVISORY GROUP – KAARLA WESTON**

- To have a thoughtful, strategic, and forward-thinking stakeholder process.
- Give recommendations to the Bureau of Developmental Services (BDS) as the process evolves.

## **IV. OVERVIEW – KAARLA WESTON**

- Please refer to the attached PowerPoint which was presented to the group.

## **V. DISCUSSION**

- BDS is working to map out the current system. BDS' consultants from the National Association of State Directors of Developmental Disabilities Services (NASDDDS), Mary Sowers and Robin Cooper, assisted with the development of a tool.
  - A draft copy of the mapping tool was distributed to the stakeholders and members of the public.
- This mapping tool is being designed as one way to assist to understand the current responsibilities of the Area Agencies.
- This is a draft, to assist to drill down into what and how they provide services and what are the full costs. Each Area Agency is different. The tools from each Area Agency will be compiled separately. We are not asking Area Agencies to complete these now. Kaarla Weston and the BDS Liaison, for the region, will visit the Area Agencies this summer/fall.
- BDS is looking to capture information from your vast knowledge base. BDS is asking the stakeholder group to help recommend what questions we should be asking the Area Agencies during our mapping visits.
- BDS is asking stakeholders to take this tool back to their groups and give them our initial thoughts and find out what we might be missing on this mapping tool.
- Please have all ideas and suggestions for the mapping tool back to BDS by June 30<sup>th</sup>.

## **VI. SCHEDULE FOR NEXT MEETINGS**

- The schedule of meetings and all other information will be posted to the BDS webpage: <http://www.dhhs.nh.gov/dcbcs/bds/hcbs-waiver.htm>
- Four (4) meetings have been scheduled thus far. We know the mapping tool is going to take time to gather all the data. Goal is to gather information from the mapping tool and meet again in September.
- This schedule may change. We are currently in the data gathering stage.
- There may be workgroups developed as we move forward, we are very early in the process.

## **VII. QUESTIONS / STATEMENTS FROM ADVISORY GROUP**

- We need to make sure to capture benefit management – service coordination helps assist people with Medicaid/Social Security/Financial Redetermination.
- Make sure we think about further interests, independent of case management and oversight of the Area Agencies. Case managers are not worried about the financial standing of their agency. They look at what their individual needs and how to get it.
- At what point will the analysis get extended to vendor providers?
  - Looking at that during the next phase around September/October.

## **VIII. QUESTIONS FROM THE PUBLIC**

- Asked for clarification to the statement about conflict of interest and that the individual cannot receive case management and services from the same agencies.
  - If an Agency provides case management to an individual they cannot also provide direct services. We want to make sure people have free choice.

### **ATTACHMENTS:**



COI powerpoint  
version 06.21.17.ppt



COI 06.21.17 Public  
Attendance.docx

## **Corrective Action Plan (CAP) Stakeholder Advisory Group**

### **June 21, 2017 Meeting Minutes**

#### **Public Attendance:**


Chad Alden	Toni Bachant	Ellen Barry	Cheryl Bergeron	Sara Blaine
John Capuco	Peg Chaffee	Liz Charles	Paul Chuzicki	Abby Conger
Jebb Curelop	Jennifer Doig	Caryn-Anne Ferriter	Barbara Fontaine	Kenda Howell
Sandy Hunt	Louise Johnson	Ken Lindberg	Katie Kelly	Karen Kimball
Jim Kirby	Carole Poulin	Meg Rennie	Todd Ringelstein	Nancy Rollins
Deb Schloth	Carol Shea	Susan Silsby	Jan Skoby	Kathleen Stocker
Melissa Tremblay	Deirde Watson	Lorrie Winslow	Dawn Winters	

# CAP Stakeholder Meeting: 6/21/17

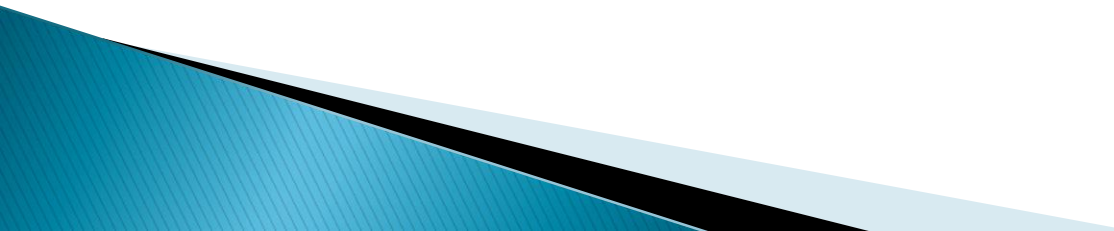
NH Department of Health and Human Services  
Bureau of Developmental Services  
June 21, 2017



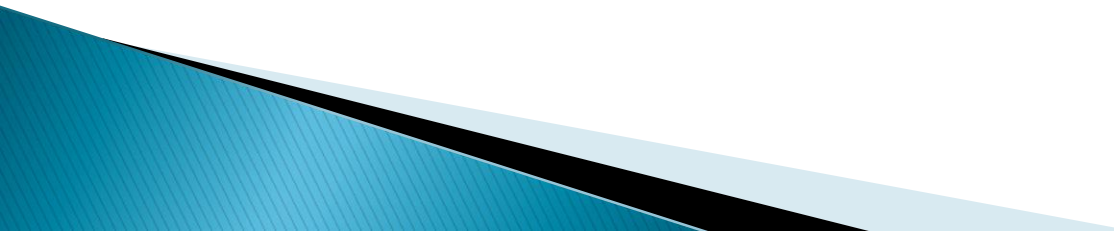
# Bureau of Developmental Services

- ▶ The Bureau of Developmental Services (BDS) joins communities and families in providing opportunities for citizens with Developmental Disabilities and/or Acquired Brain Disorders to achieve health and independence in partnership with individuals, family and community based service networks. BDS affirms the vision that all citizens should participate in the life of their community while receiving the supports they need to be productive and valued community members.
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# BDS Funding

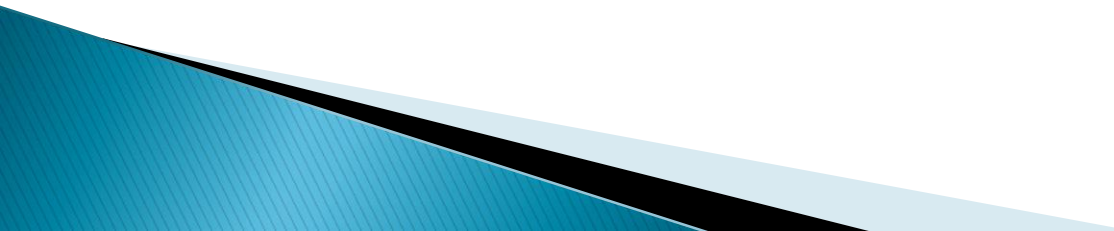
- ▶ The funding BDS provides to the Area Agencies for the delivery of services relies on federal dollars.
  - ▶ The State dollars, known as General Fund, provides the “match” for the Federal dollars.
  - ▶ Across BDS’ three waivers, for FY 2017 the total dollars amount is: \$269,469,217– 50% of this is federal– \$134,734,608.
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# BDS Waivers

- ▶ The three BDS Waivers: Developmental Disability (DD), Acquired Brain Disorder (ABD), and In Home Supports (IHS) are 1915 (c) waivers through the Center for Medicaid and Medicare (CMS).
  - ▶ The program permits a State to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization.
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# Centers for Medicaid and Medicare Services (CMS)

- ▶ Published in the Federal Register January 16, 2014
  - ▶ 79 FR 2948 “Medicaid Program; State Plan Home and Community–Based Services, 5– Year Period for Waivers, Provider Payment Reassignment, and Home and Community–Based Setting Requirements for Community First Choice and Home and Community– Based Services (HCBS) Waivers”
  - ▶ Centers for Medicare and Medicaid (CMS) rules: 42 CFR 431.301(c)(1)(vi)
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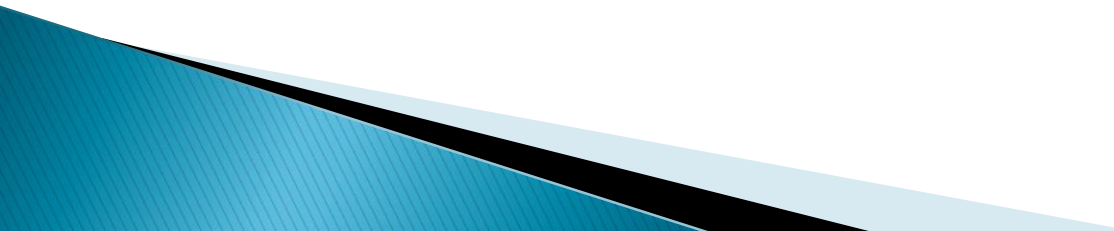
# Rule and Case Management

Providers of Home and Community Based Services (HCBS) for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual **must not provide case management or develop the person-centered service plan...**

§441.301(c)(1)(vi)



# BDS Waivers

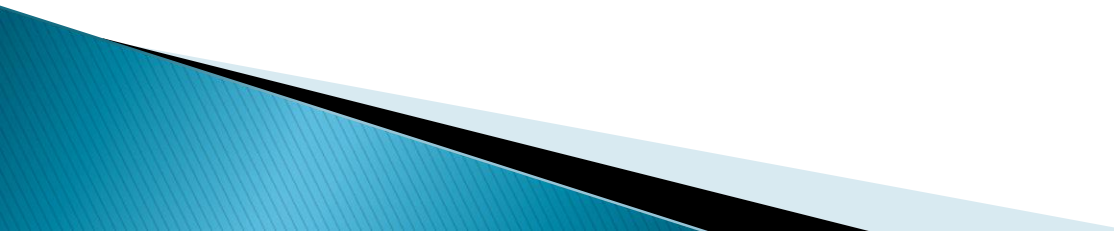
- ▶ 1915 (c) waivers are renewed every 5 years.
  - ▶ The DD and ABD Waivers went through renewal this year.
  - ▶ During this process, CMS determined NH was out of compliance with two areas: Direct Pay and Conflict of Interest (COI) with Case Management.
  - ▶ Work today and the next few months is focused on COI.
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# BDS Waivers

- ▶ In order to receive the federal dollars and continue with our 1915 (c) waivers, NH had to submit a Corrective Action Plan (CAP) to CMS.

[http://www.gencourt.state.nh.us/rules/state\\_agencies/he-m500.html](http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html)

# Initial Steps

- ▶ Over the next few months, BDS will work with the agencies, stakeholders, providers, and communities to Map out our current system.
  - ▶ We need to fully understand the functions of the Area Agencies and the implications, cost, and practicality of splitting out direct services from the Area Agency role.
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# Area Agency Role

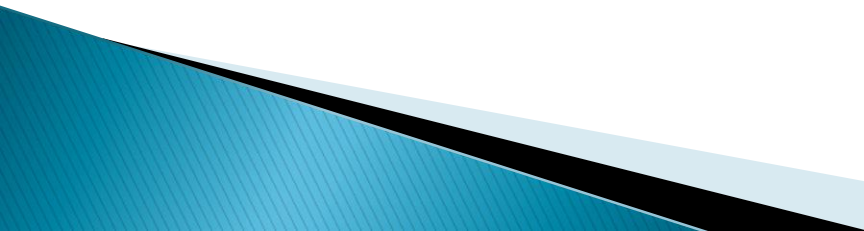
The role of the Area Agency is included in RSA 171–A and further defined in He–M 505.

## He–M 505.03 Role and Responsibilities of the Area Agency.

- a) The primary responsibility of the area agency shall be to plan, establish, and maintain a comprehensive service delivery system for all individuals who are residing in the area. The area agency shall plan and provide these services according to rules promulgated by the commissioner.
- (b) Pursuant to RSA 171–A:18, I, the area agency shall be the primary recipient of funds provided by the bureau for use in establishing, operating, and administering supports and services and coordinating these with existing generic services on behalf of individuals in the area. The area agency may receive funds from sources other than the bureau to assist it in carrying out its responsibilities.
- c) When possible, the area agency shall utilize generic, integrated services, rather than establish separate services for people with developmental disabilities or acquired brain disorders.

# Area Agency Role, continued

d) Services provided by, or arranged through, an area agency shall:

- (1) Facilitate as much as possible the individual's ability to determine and arrange the services and supports he or she will receive, including the involvement of family and friends as identified by the individual;*
  - (2) Promote the individual's personal development and quality of life in a manner that is determined by the individual;*
  - (3) Meet the individual's needs in personal care, employment and leisure activities;*
  - (4) Protect the individual's right to freedom from abuse, neglect and exploitation;*
  - (5) Promote the individual's health and safety;*
  - (6) Increase the individual's participation in a variety of integrated activities and settings;*
  - (7) Provide opportunities for the individual to exercise personal choice, independence and autonomy within the bounds of reasonable risks;*
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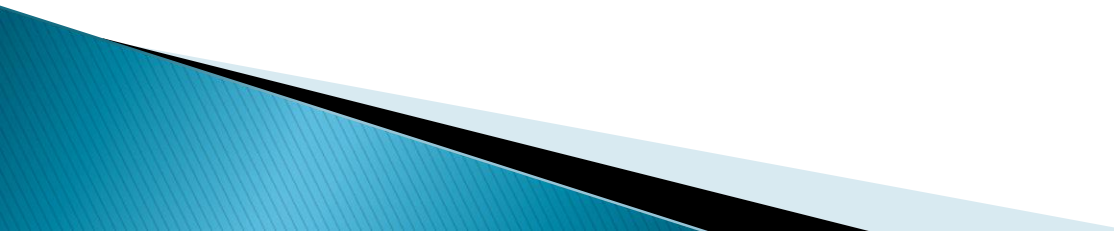
# Area Agency Role, continued

*(8) Enhance the individual's ability to perform personally meaningful and functional activities;*

*(9) Assist the individual to acquire and maintain life skills, such as, managing a personal budget, participating in meal preparation, or traveling safely in the community;*

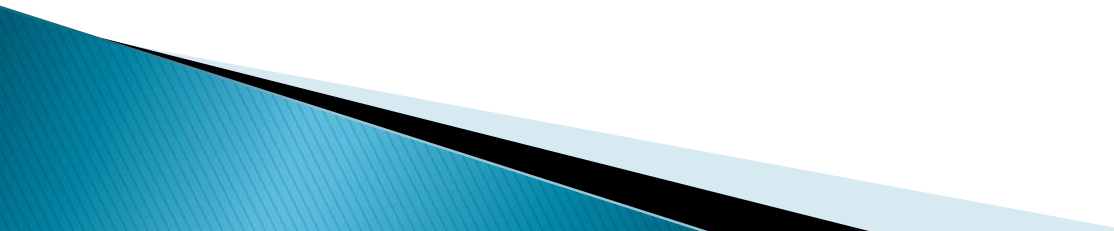
*(10) Be provided in such a way that the individual is seen as a valued, contributing member of his or her community; and*

*(11) Be in an environment or setting that promotes the person's freedom of movement, ability to make informed decisions, self-determination, and participation in the community.*





# Understanding Area Agency Role

- ▶ So while we know the “tasks,” an Area Agency is required to do, we need to understand them:
  - ▶ what do they mean;
  - ▶ how they are performed;
  - ▶ and what is the true cost to perform them.
- 

# Understanding the Area Agency Role

- ▶ Our first step will be to understand the role and how it is carried out in each of the ten regions.
- ▶ Once we understand this piece, we can then look at the gaps and capacity regionally for compliance with the COI regulation.

# MAPPING

Region #						Financial and Functional Considerations and Factors				
Area Agency Function Total Number of Individuals Served: Total Number of Waiver-eligible/enrolled Individuals Served:						As-Is Financial and Functional Analysis	Reimbursed Y/N	If yes, how	If yes, rate	Actual cost
FY18 ANNUAL BUDGET:						<b>OHCDS Functions:</b>				
						Intake/Eligibility				
						Information & Referral				
						Coordinate Conditional Eligibility Reviews as needed				
						Benefits Management				
						Provide training on personal rights, complaint process, abuse/neglect/exploitation/service concerns				
						Coordinate Assessments: SIS/HRST/ATEC evals/Emod request				
						Transition Planning: Attending school/transiton meetings, as needed				
						Coordinate Service Planning: Coordinate, facilitate and document PCP initiatives via Service Agreements (Initial, 6-month, renewal, amendements for Service Agreements)				
						Explain service options				
						Produce schedules with team; meaningful community based activities				
						Address health and safety issues: upload mortality notifications, sentinel events, crisis situations to ensure the Bureau is kept up-to-date on individual's needs. Follow up on Incident, accident and injury reports to mitigate risk. Ensure guardian notifications are sent.				
						<b>Wait List Management:</b>				
						Enter into Registry				
						Update Registry				
						Manage Wait List				
						Prioritize Allocation				
						Manage Distribution				
						Prepare certification submissions for: 521 and 525 service arrangements				
						Review corrective action plan for He-M 1001 deficiencies, monitor for compliance.				
						Prepare employment data report for agency and state reports/ submit to NH Leads				
						Prepare information for high-cost conference calls for budget submission				
						Complete utilizations reviews on servcie use				
						<b>Monitor &amp; document services/quarterly documentation of progress:</b>				
						(a) Document whether service match interests and needs				
						(b) Review and act on individual and guardian satisfaction				
						(c) Review progress on the goals				
						(d) Schedule to meet/discuss/review/document smart goals				
						(e) Action and documentation for unmet goals				
						Ensure continuity of quality services:				
						(a) Review complaint investigation report finding for recommendations/trend analysis				
						(b) Work with vendors and staff to document compliance with recommendations				
						(c) Ensure individual is in fact benefitting from the recommendations				
						Ensure that service documentation is maintained: Service Agreements must be complete & files must contain all information relative to meeting a file review/audit. Previous audit recommendations need to be addressed and not repeated.				
						Corrective action plans from file reviews need to be written & submitted				
						Guardianship discussions, draft /petition the court				
						Interface with DCYF, mental health centers, schools, GSIL, vendors				
						Coordinate with Human Rights Committee, for behavioral consult & review				
						Write RFPs, review RFPs, explain to guardians/individual choices/ respond to RFPs				
						Coordinate: transfers, termination of services and provide appeal information				
						Respond to employment initiatives and BDS reporting				
						Prepare crisis responses to BDS for review for additional funding for enhanced needs				
						Prepare for clinical audits, all waivers, complete self assessments, write corrective action plans.				
						Risk Management inclusive of discharges, admissions and start services				
						Schedule NCI, submit background information to Odessa				
						Assist with Transfers				
						Other:				

# BDS Website:

- ▶ Link to BDS Home Page:

<http://www.dhhs.nh.gov/dcbcs/bds/index.htm>

- ▶ Link to NH HCBS CAP information:

<http://www.dhhs.nh.gov/dcbcs/bds/hcbs-waiver.htm>

Area Agency Function

Total Number of Individuals Served:

Total Number of Waiver-eligible/enrolled Individuals Served:

FY18 ANNUAL BUDGET:

Direct Service	Number of people using service	% provided by AA	% provided by vendor agencies	Total Revenue by Service
Case Management				
Traditional Residential				
PDMS				
CSS				
CPS/DAY				
Supported Employment				
Medical Respite				
Respite				

## Financial and Functional Considerations and Factors

As-Is Financial and Functional Analysis	Reimbursed Y/N	If yes, how	If yes, rate	Actual cost
<b>OHCDS Functions:</b>				
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